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## APPLICANTS

Santiago Munne, Hoboken, NJ;

**\*\* CONTINUING DATA \*\*\*\*\***  
*INT - nme*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*INT - none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 09/08/2003

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>INT</i> Initials			

## ADDRESS

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## TITLE

Obtaining normal disomic stem cells from chromosomally abnormal embryos

<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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Sunday, March 18, 2007